

# COMMANDER'S REFERRAL FOR TATTOO REMOVAL

For use of this form, see MOA, between USAMEDDAC & USAARMC, subj: Tattoo Removal

NAME	RANK	SSN
UNIT		ETS
TATTOO LOCATION		
TATTOO DESCRIPTION		
PORTION OF TATTOO TO BE REMOVED		
REASON FOR REMOVAL	<input type="checkbox"/> Reflect an alliance or affiliation with extremist organizations. <input type="checkbox"/> Are indecent. <input type="checkbox"/> Are unreasonably large or excessive in nature or number. <input type="checkbox"/> Are located on the face, neck, or head.	
There are no pending or potentially pending actions, which could prevent this soldier from remaining in the military for the time required to complete the treatment process. The soldier has been counseled regarding the options available to him or her and has agreed to the tattoo removal if medically cleared.		
COMMANDER	SIGNATURE	DATE

FK FORM 5046-R-E, JAN 00

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